

FULL SERVICE PARTNERSHIP

Older Adult Quarterly Assessment Form

FOR AGES 60+ YEARS

PARTNERSHIP INFORMATION

County Number

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CSI County Client Number

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Assessment Date (mmddyyyy)

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Partner's First Name

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Partner's Last Name

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Partner's Date of Birth (mmddyyyy)

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SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support that are CURRENTLY used to meet the needs of the partner (mark all that apply):

- ☐ Partner's Wages
- ☐ Partner's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ Other Family Member / Friend
- ☐ Retirement / Social Security Income
- ☐ Veteran's Assistance Benefits
- ☐ Loan / Credit
- ☐ Housing Subsidy
- ☐ General Relief / General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
- ☐ Social Security Disability Insurance (SSDI)
- ☐ State Disability Insurance (SDI)
- ☐ American Indian Tribal Benefits
(e.g., per capita, revenue sharing, trust disbursements)
- ☐ Other

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:
(Dependent of the court)

Placed in Foster Care:

Legally reunified with partner:

Adopted out:

HEALTH STATUS

Does the partner have a primary care physician CURRENTLY? ☐ Yes ☐ No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem? ☐ Yes ☐ No

Is this an active problem? ☐ Yes ☐ No

Is the partner CURRENTLY receiving substance abuse services? ☐ Yes ☐ No

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)

For each area of functioning listed below, check the description that applies. (The word 'assistance' means supervision, direction or personal assistance.)

BATHING - either sponge bath, tub bath or shower:

- ☐ Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- ☐ Receives assistance in bathing only one part of the body (such as back or leg)
- ☐ Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn):

- ☐ Gets clothes and gets completely dressed without assistance
- ☐ Gets clothes and gets dressed without assistance, except for assistance in tying shoes
- ☐ Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING:

- ☐ Goes to 'toilet room,' cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
- ☐ Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- ☐ Doesn't go to room termed 'toilet' for the elimination process

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL) *continued*

TRANSFER:

- ☐ Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as a cane or walker)
- ☐ Moves in and out of bed or chair with assistance
- ☐ Doesn't get out of bed

CONTINENCE

- ☐ Controls urination and bowel movement completely by self
- ☐ Has occasional 'accidents'
- ☐ Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

FEEDING

- ☐ Feeds self without assistance
- ☐ Feeds self except for getting assistance in cutting meat or buttering bread
- ☐ Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

WALKING

- ☐ Walks on level without assistance
- ☐ Walks without assistance but uses single, straight cane
- ☐ Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
- ☐ Walks with assistance
- ☐ Uses wheelchair only
- ☐ Not walking or using wheelchair

HOUSE-CONFINEMENT

- ☐ Has been outside of residence on 3 or more days during the past 2 weeks
- ☐ Has been outside of residence on only 1 or 2 days during the past 2 weeks
- ☐ Has not been outside of residence in past 2 weeks

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

For each area of functioning listed below, check the description that applies.

	WITHOUT HELP	WITH SOME HELP	COMPLETELY UNABLE TO DO
Can the client use the telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client get to places out of walking distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client go shopping for groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client prepare his/her own meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own housework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own handyman work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client manage his/her own money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COUNTY USE QUESTIONS

Indicate NEW County Use Field #1

Indicate NEW County Use Field #2

Indicate NEW County Use Field #3